



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date Dec. 9, 1974	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DMH-8		Date Received DEC 11 1974	Application No. 74-459
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Mental Health 47 Trinity Ave. Room 535-H Atlanta, Georgia 30334		4. Person to Contact Charles G. Braden	Date Completed DEC 24 1974
		5. Working Title	6. Tel. No. 656-4908

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1965 - present	9. Exact Series Title (Agency-wide Common Standard) Social Work Individual Case Files
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10. What is the function of the office in which this record series is created?

The Department of Human Resources is responsible for the planning, organizing, directing, coordinating and controlling the delivery of services to the residents of Georgia. The Division of Mental Health is responsible for administering, supervising and regulating the programs of the State which involve the diagnosis and treatment of mental disorders. Included are diagnosis and treatment of drug problems; diagnosis and treatment of problems involving alcohol; administration of mental institutions; diagnosis and treatment of mental disorders other than those previously mentioned.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to: The interviewing of patients in State hospitals and appropriate individuals to assist in the adjustment of the patient and in the evaluation of personal and social data for diagnosis and treatment.

Included are: Information obtained from interviews, personal history statements, abstracts or copies of pertinent medical records, and similar or related documents.

File is arranged: Alphabetically by name of patient.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
Letter-size File Drawers				In Office(s)		In Storage Area(s)	
Legal-size File Drawers			Floor Space Occupied (Square Feet)				
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency?
Partial duplication in patient's medical record folder | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?
Restricted to persons on a need to know basis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept see below

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER _____, then:

- ☐ Hold in the current files area _____ month(s)/ _____ year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
☐ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☒ Other: (Specify)

When there has been no service to the client for 6 months or the client is discharged or dies, place record in the inactive file; then cut off at the end of each calendar year; hold 1 year; then destroy.

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William G. Lewis</i>	<i>Dec 9, 74</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	<i>Charles H. Braden</i>	<i>12-9-74</i>
	State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	<i>12-19-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll East</i>	<i>12-19-74</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>R. M. Thell</i>	<i>12-23-74</i>

STATE RECORDS
COMMITTEE